

# The Prevention Effectiveness Challenge: Can we do better at preventing homelessness?

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# Outline

- What is homelessness prevention?
- Why is it hard to do well?
- The targeting issue!
- What can we do with our data to help?
- What should our approach be?

# What is Homelessness Prevention?

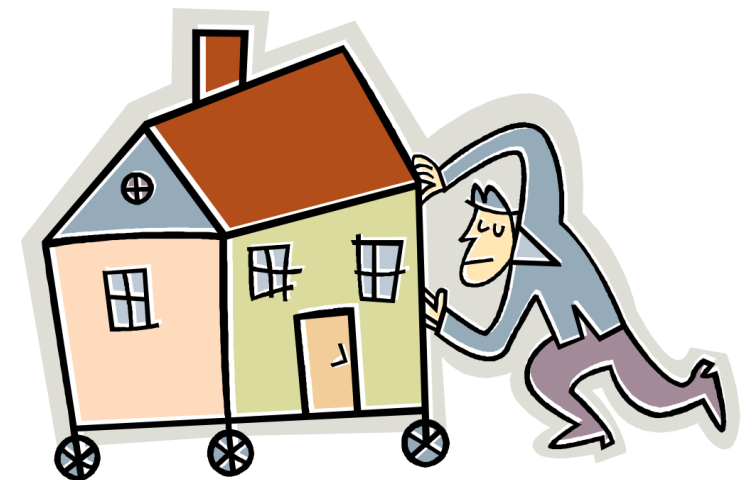
# What is Homelessness Prevention?

Simply put, homelessness prevention efforts are efforts aimed to help low-income households resolve a crisis that would otherwise lead to a loss of housing.



# What is Homelessness Prevention?

Most commonly homelessness prevention efforts include short-term financial assistance, housing-related support services, legal assistance, discharge planning or all of these.



# What is Homelessness Prevention?

Effective prevention may stabilize a household in their current housing *or* help them to move to new housing without requiring they become literally homeless or pass through the shelter system first in order to receive help.



Why is prevention hard to do  
well?

# The Crux of the Matter: Efficiency and Effectiveness

“It is relatively easy to offer prevention activities, but difficult to develop an effective community-wide strategy. Such a prevention strategy needs to offer *effective* prevention activities and do so *efficiently*.”



# Effectiveness and Efficiency (cont.)

*“Effective activities* must be capable of stopping someone from becoming homeless or ending their homelessness quickly.

*An efficient system* must target well, delivering its effective activities to people who are very likely to become homeless unless they receive help.”

(Burt et al. 2007, p.xvii, italics in original)



# What's found to be effective?

Burt et al. (2007) identified five effective prevention activities:

- Housing subsidies
- Supportive services coupled with permanent housing
- Mediation in housing courts
- Cash assistance for rent or mortgage
- Rapid exit from shelter.

(Some of these are what are called *secondary* and *tertiary* prevention.)

# What about efficiency?

“Any agency may use effective prevention activities, alone or in combination, and will probably prevent some homelessness. But prevention resources are unlikely to be used *efficiently* unless they are part of a larger structure of planning and organization *that address the issue of targeting.*”

(Burt et al. 2007, p.xxiii)

# The issue of targeting...

# Which of these statements is true?

- People who become homeless are the same as other very low-income people.
- People who become homeless are different from other very low-income people.



# Which statement is true?

They both are!

People who become homeless ***are*** different from the general population and from other poor people:

- Households with one person (63% of homeless v. 10% of US households)
- Mental illness (16.3% of lowest income v. 28% of shelter residents)
- Veterans (15% v. 5% of poverty population)

**BUT....** There are **many** more people who share these characteristics who don't become homeless than do!

- Less than 0.5% of Veterans were homeless last year
- About 2% of people with mental illness were homeless on a given night in 2000
- 1.4% of one-person households were homeless in 2007

# Like risk factors for a disease...

Having a risk factor, or even several, does not mean that you will get the disease. Most women who have one or more breast cancer risk factors never develop the disease, while many women with breast cancer have no apparent risk factors (other than being a woman and growing older).





# Lots of very poor people... few homeless people

- Lots of people face a housing crisis but not all of them become homeless, even when it looks like they will
- According to 2010 census:
  - 12% of Americans moved in 2010
  - 19% of unemployed Americans moved
- Some of them surely faced a housing crisis, even eviction, but not all of them became homeless or entered the homeless system

# The Sustainability Paradox

The more prevention assistance is targeted to people who seem to us to be able to make it with very limited assistance, the less likely it is we are actually reaching people who would become homeless without our assistance.



# Typical “targeting” is unlikely to reach the right people

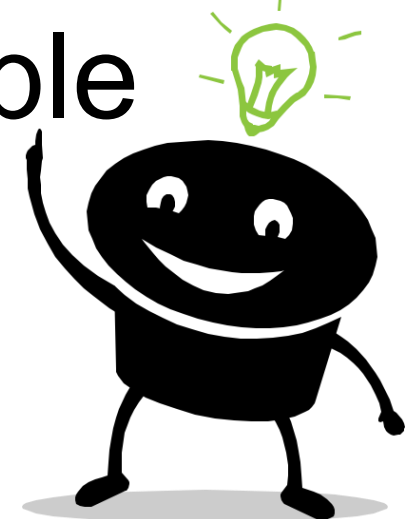
- The primary prevention assistance provider in Redwood City (San Mateo County, CA) collected data on those assisted and those not-assisted
- Prevention assistance followed traditional guidelines (one time, must have eviction notice, must show can retain housing afterwards)
- Most common reason for being refused assistance was not having adequate ongoing income (i.e. *too poor*)

# Comparison of Shelter entry rates: assisted versus non-assisted

	Applied for Prevention assistance	Entered Shelter w/in 3 year window	% that entered shelter
Households turned down for prevention	1019	40	3.9%
Households that received prevention	243	12	4.9%
Total	1262	52	4.1%

# The “Aha!”

- Without the data on those turned away we would assume we have a 5% homeless entry rate for those assisted: looks like we are doing pretty good at preventing homelessness!
- With the data we see we that we may not be effectively preventing homelessness; don't seem to be reaching the people who actually become homeless



So, how do we find the people who *will* become homeless?

Short answer is: we don't fully know... yet...  
but we've got some ideas...

1. Where do they enter homelessness from?

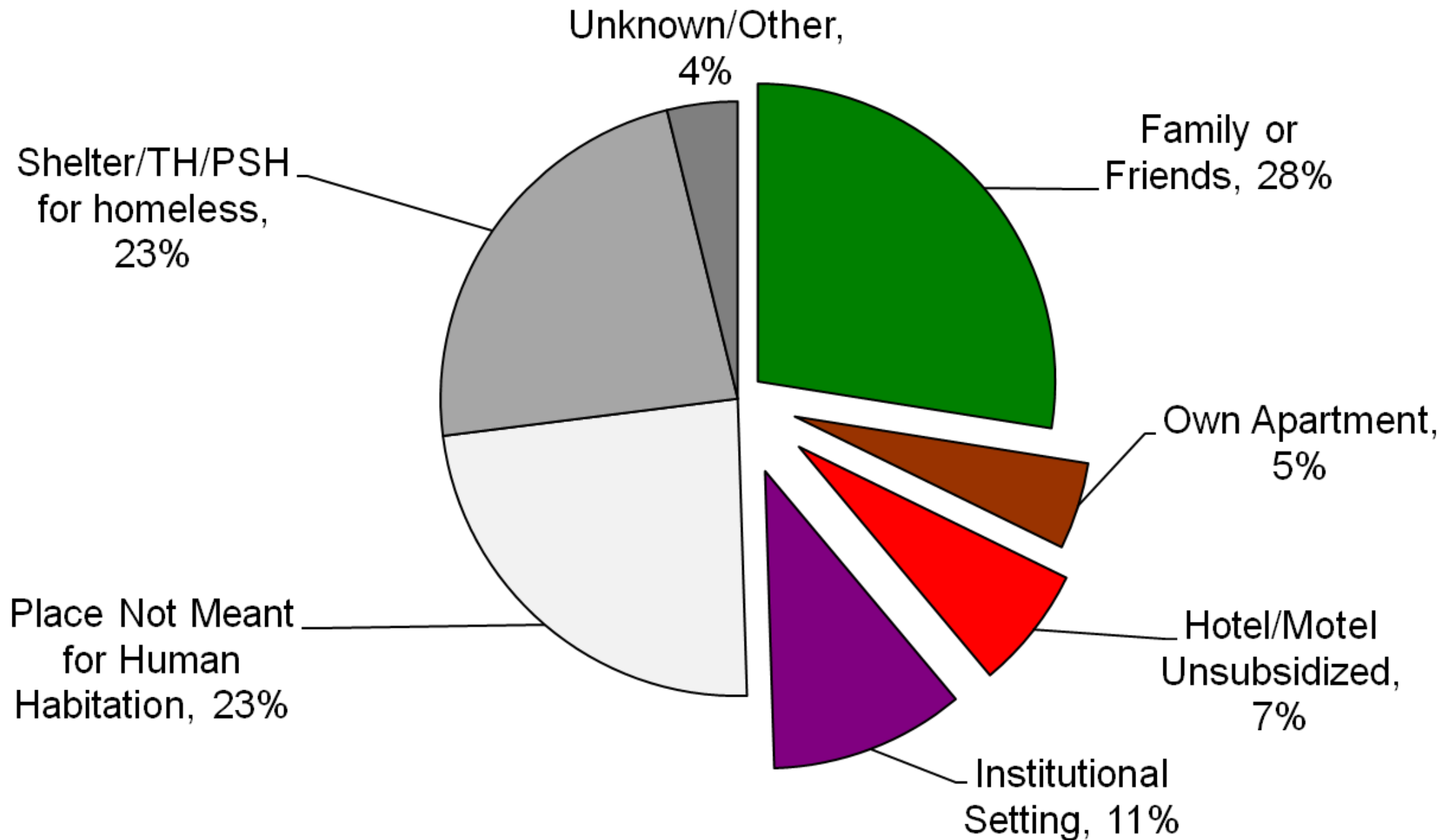
2. What are their *relevant* characteristics?

Look at data!

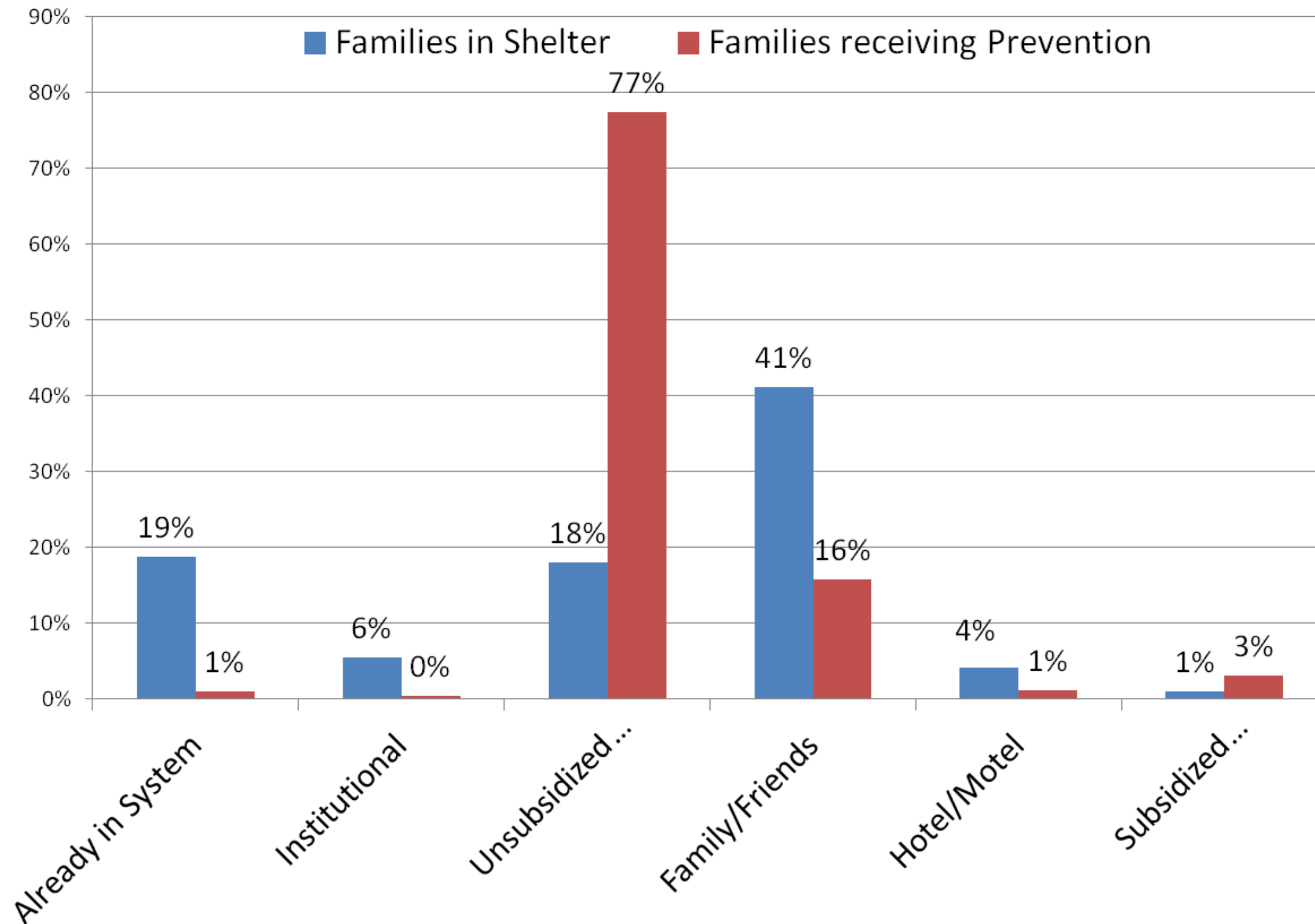


# HMIS data for shelter entry

## Where Sheltered People Spent Last 7 Days before Entry (excludes Chronic)



# Comparative Entry-Point Analysis





# Other data on sheltered households in HMIS

- Income amounts
- Income Sources
- Prior Shelter stays
- Age of Head of Household
- Pregnancy
- Age of children/number of children
- Education level of head of household

# Other data on sheltered households

Hennepin County did this for families

- Sheltered and prevention families looked *similar* in terms of felony history, limited English proficiency, and disability status
- Sheltered families looked different in terms of income, age of head of household and past homelessness

Characteristic	Served with Prevention	Sheltered
<b>Income</b>		
\$0 - \$499	11%	<b>66%</b>
\$500 - \$999	29%	28%
\$1,000 or more	<b>60%</b>	6%
<b>Age of Head of Household</b>		
Under 22	1%	<b>29%</b>
22-29	21%	<b>39%</b>
30-39	<b>35%</b>	20%
40+	<b>43%</b>	12%
<b>Family previously homeless</b>	<b>36%</b>	<b>63%</b>

# Homebase Targeting Study

(Shinn and Greer 2012... publishing soon)

- Looked at @11,000 families who applied for services over a four year period
- 12.8% of all (served and unserved) entered shelter within three years of applying
- Study compared characteristics and circumstances of those who entered with those who didn't

# Homebase Targeting Study: High Risk of Shelter Entry (Risk Factor):

- Female Head of Household
- Pregnancy
- Child younger than two
- History of public assistance
- Eviction threat
- High mobility in last year
- History of protective services
- High conflict in household
- Disruptions as a child (e.g. foster care, shelter history as youth)
- Shelter history as an adult
- Recent shelter application
- Seeking to reintegrate into community from an institution
- High number of shelter applications

# Homebase Targeting Study: not significant for shelter entry

- Race
- Ethnicity
- Number of children
- Marital status
- Veteran status
- Losing assistance in the last year
- Overcrowding
- Doubled up
- Extremely cost burdened
- High rent arrears
- Home in disrepair
- Subsidy receipt
- Chronic physical health problems
- History of mental health problems
- History of substance abuse
- History of domestic violence
- Any involvement with legal system
- Giving birth as a teenager

# Created a simple screener

- New screener applies points to different characteristics (see handout)
- Program will also take into account situation/urgency of the crisis
- Screener expected to increase likelihood of serving people who would otherwise become homeless

# How are you currently targeting?





# Where should prevention happen?

- Culhane says converge on the front door:  
Diversion
- Some experiments in place-based targeting... Inconclusive.
- If going upstream, have to open wider funnels and say “No” more.

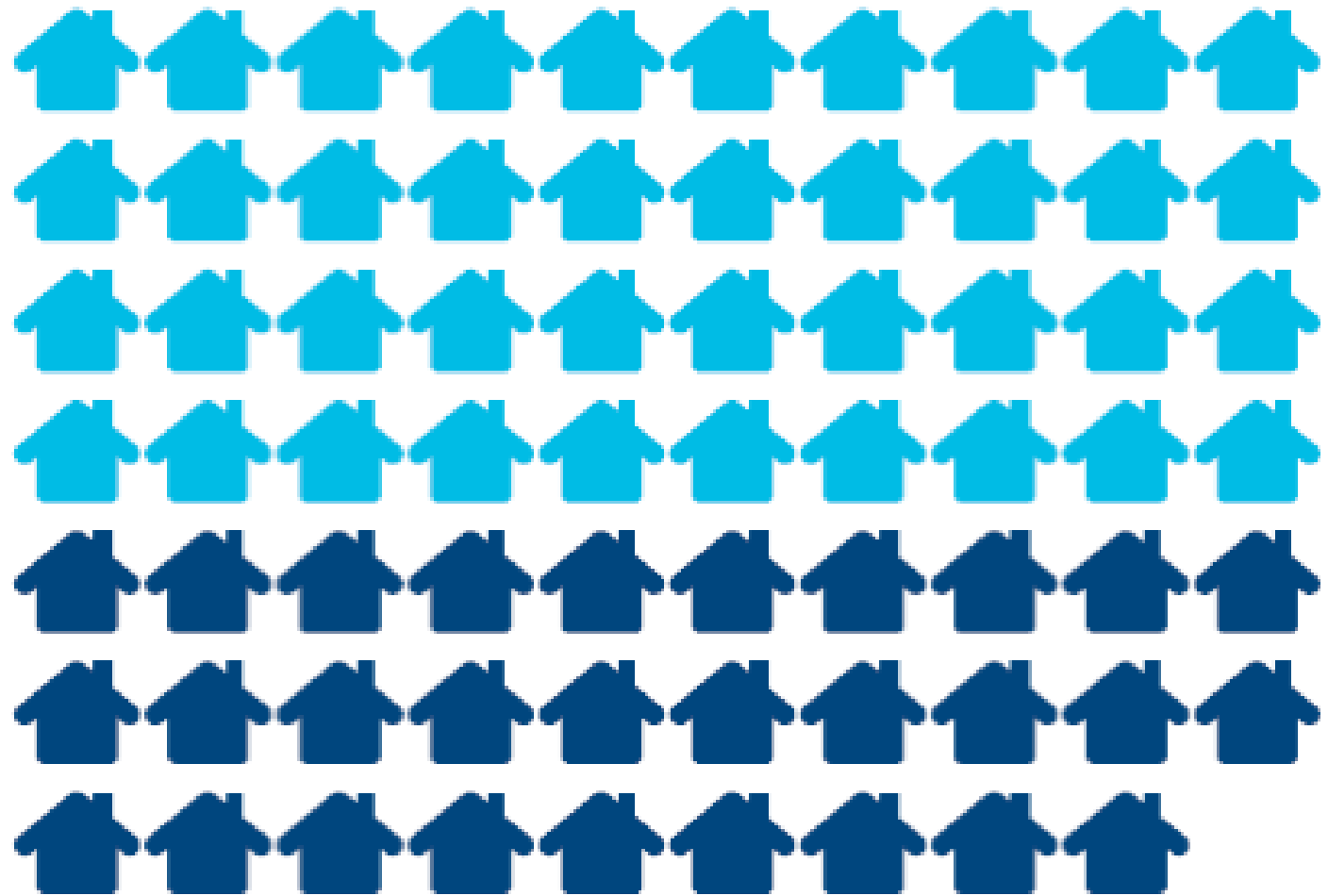


# Dudley Diversion Pilot

69 Participating Families

29 Families (42%) Diverted from Shelter

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Two months, one staff person, \$50,000; 11 stabilized in own housing; 10 identified friends or family; eight bypassed shelter to a better fit.

## Next step: how can we make this someone else's problem?

- TANF: either do it or pay for it –(in terms of families, it's largely their problem.)
- Many healthcare funders get “prevention” concept, get them on board
- Alcohol and drug treatment programs- Help them plan, don't “enable” them.
- Foster care – programs and advocacy

# Questions and Discussion

